

**Statement of Organization
Recipient Committee**

(Government Code Sections 84101-84103)

Type or Print in Ink.

SEE INSTRUCTIONS ON REVERSE

Amendment of Name Only

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of
this form with:
The city or county officer, if any, who
receives the committee's original
campaign disclosure statements.

Amendment
☒ Check box if an Amendment
and enter I.D. number:

Date Stamp

RECEIVED

93 AUG -2 AM 9:14

Date qualified as
Committee: (Month, Day, Year)

JENNIFER M. PERRI
CITY CLERK
CITY OF LOS ANGELES

☒ Check box if not yet qualified

**CALIFORNIA
1991 FORM 410**

A For Official Use Only

I Committee Information

NAME OF COMMITTEE:

Local Citizens For Good Government

in Name Committee to Recall Davenport

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

all previously filed

CITY

COUNTY

STATE ZIP CODE

information remains unchanged

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER:

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☐ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Statement of Organization
Recipient Committee

CALIFORNIA
1991 FORM **410**

Page 2

SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

NAME OF COMMITTEE:

IV Broad Based Committee (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) _____

V Sponsored Committee Is this a sponsored committee? ☐ Yes ☐ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

ADDRESS OF SPONSOR

NO. AND STREET

CITY

STATE

ZIP CODE

VI Primarily Formed Committee If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR FIELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT	OPPOSE
SUPPORT	OPPOSE

VIII Disposition of Surplus Funds You must specify what disposition will be made of surplus funds in the event of termination.

IX Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 17, 1993 At Los Angeles, Calif.

By [Signature]
SIGNATURE OF TREASURER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

(Government Code Sections 84101-84103)

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P.O. Box 1467
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And, if applicable, file one copy of this form with:
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and enter I.D. number:

Date qualified as
Committee: (Month, Day, Year)

☒ Check box if not yet qualified

RECEIVED
For Official Use Only

93 MAY -7 PM 12:20

JENNIFER M. PERRIN
CITY CLERK
CITY OF LODI

I Committee Information

NAME OF COMMITTEE:

Lodi Citizens For Good Government

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO AND STREET

1726 Windjammer Court

CITY

Lodi Calif. 95242

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX

PO Box 1193

CITY

Lodi Cal.

STATE

ZIP CODE

95241

COUNTY:

San Joaquin

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

209 334-6742

II Treasurer and Other Principal Officers

NAME OF TREASURER

Thomas J. Newton

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

209-334-5144
AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

Jerald Kirsten - Chairman

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

209-334-6742
AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☐ Yes (Complete the following) ☒ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
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NAME OF COMMITTEE:

Lodi Citizens For Good Government

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ADDRESS OF SPONSOR:

NO. AND STREET

CITY

STATE

ZIP CODE

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CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

Ray Davenport - Lodi City Council Member

Lodi City Council Member

SUPPORT

OPPOSE

SUPPORT

OPPOSE

VII Committee's Primary Activity if Not Primarily Formed If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a: ☒ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To Recall Lodi City Council Member Ray Davenport

VIII Disposition of Surplus Funds You must specify what disposition will be made of surplus funds in the event of termination.

Excess Funds will be given to City of Lodi to defray costs of Special Election.

IX Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 7, 1993

DATE

At Lodi Calif

CITY AND STATE

By

Shamey Fluck

SIGNATURE OF TREASURER

Executed on _____

DATE

At _____

CITY AND STATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

DATE

At _____

CITY AND STATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

DATE

At _____

CITY AND STATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER